

DNA-11 Doc. Code: AICO
Rev. 5-05
Page 1 of 2
Commonwealth of Kentucky
Court of Justice www.kycourts.net
KRS Chapter 31; KRS 620.100; KRS
625.0405; KRS 625.080



**FINANCIAL STATEMENT,
AFFIDAVIT OF INDIGENCE,
REQUEST FOR COUNSEL
AND ORDER
(DNA/TPR Cases)**

Case No. _____
Court [] District [] Circuit _____
County _____
Division _____

PARENT OR PERSON EXERCISING CUSTODIAL CONTROL MUST PROVIDE THE FOLLOWING INFORMATION:

ADDRESS: _____

SSN: _____ DOB: _____ Telephone: () _____
(mm/dd/yyyy) Area code + number

[] The above-named parent is an unemancipated minor (under the age of 18) and I am his/her parent or legal guardian_____

(Name of Parent or Legal Guardian of Minor Parent)

FINANCIAL STATEMENT (This information should be provided by the parent or person exercising custodial control of the above-named child, OR if the child's parent is an unemancipated minor, the adult parent or legal guardian of the unemancipated minor should provide the information)

1. Are you employed? [☐] Yes [☐] No
2. If "Yes," are you [☐] Full time; [☐] Part time; or [☐] Seasonal/Temporary
3. How many adults are living in your household? _____
4. How many children are living in your household? _____
5. Total Household Income Per Month: \$ _____
6. Available Cash from ALL SOURCES (bank accts, TANF, SSI, SSD, W/C, etc.) \$ _____
7. Cash value of other resources (food stamps, WIC, etc.) \$ _____
9. Property Ownership: [☐] Yes [☐] No Property Value: \$ _____
10. Number of autos you own that are in working order: _____ Total Value: \$ _____
11. Total Value of All Other Assets: \$ _____
12. Total Debts: \$ _____
13. Child support obligation? [☐] Yes [☐] No Monthly Total: \$ _____
14. Other obligations _____
15. Number of dependents: _____

I state to the court that:

- (1) ☐ I am a parent who exercises custodial control or supervision of the above-named child;
☐ I am a nonparent who exercises custodial control or supervision, of the above-named child;
☐ I am a parent who is a party to a termination of parental rights action.
- (2) I am not now represented by legal counsel; and
- (3) I am without sufficient monetary means or assets to afford private legal representation.

**AFFIDAVIT OF INDIGENCE
PERJURY WARNING**

I understand that making a false statement in the Financial Statement, Affidavit of Indigence and Request for Appointment of Counsel may subject me to the penalties for perjury as contained in KRS Chapter 532. **The maximum sentence for perjury is five (5) years imprisonment.** I declare under the penalty of perjury that I have read or have had read to me the information contained on this form and that the statements provided here are true, complete and accurate to the best of my personal knowledge.

Date

Affiant's Signature

Affiant's Name (Print or Type)

SUBSCRIBED AND SWORN TO before me this ____ day of _____, 2____.

My Commission Expires: _____

Attesting Officer or Notary's Signature

ORDER

Based on this application/motion, **IT IS HEREBY ORDERED:**

1. The applicant, or legal guardian/parent of the applicant:

[] is NOT deemed indigent under KRS Chapter 31.

[] IS found to be indigent under KRS Chapter 31.

2. **APPOINTMENT OF COUNSEL**

[] is **DENIED**.

[] is **GRANTED**.

The Court, having determined that the applicant is a needy person as defined in KRS 31.110 and that, pursuant to KRS Chapter 620, further proceedings regarding the above-named child are required, **or** that the applicant is a party to a termination of parental rights proceeding, **DOES HEREBY APPOINT** the Hon. _____ to represent the applicant. Counsel's fee, fixed by the Court at the appropriate statutory amount, shall be paid by the Finance and Administration Cabinet pursuant to KRS 620.100.

Date

Judge's Signature

Judge's Name (print or type)